WHAT'S NEW "OUT THERE"?

ACS COT Subcommittee on Performanc Improvement and Patient Safety (SPIRIT)

(New) Purpose:

- Define quality in trauma care ("Green" Book)
- Provide practical techniques for monitoring and improving performance and patient safety in trauma care (Web-based Trauma PIPS manual , Optimal Trauma Center Organization and Management Course, TOPIC®)
- Establish standards for the measurement of care processes linked to optimal outcomes (NTDB,TQIP, National Trauma Sample, NQF Taxonomy, PRQI, SCIP, etc.)

Transforming Trauma Center PI: From Peer Review to a Culture of Safety

- Adopting NQF & JCAHO patient safety taxonomy
  -
- Addressing "Harm" and "Error" in trauma care rather than "Preventability":
  - Drill Down to issues
  - Quantify
- Applying Crew Resource Management (CRM) and Team STEPPS® measures in trauma care

SPIRIT Project task list:

- VRC/ PI task force
- TOPIC collaborative
- Taxonomy & Terminology work group
- "Culture of Safety" work group
- Internet Resources & Information Technology work group

Developing Level 4 & 5 Trauma Center Criteria

- Why?
  - States & centers are requesting criteria from the ACS
  - ACS needs to be internally consistent between systems, VRC, and the 'green book'
  - Level 3 centers without ortho can become 4s
  - Rural and critical access hospitals can be designated as 4s or 5s

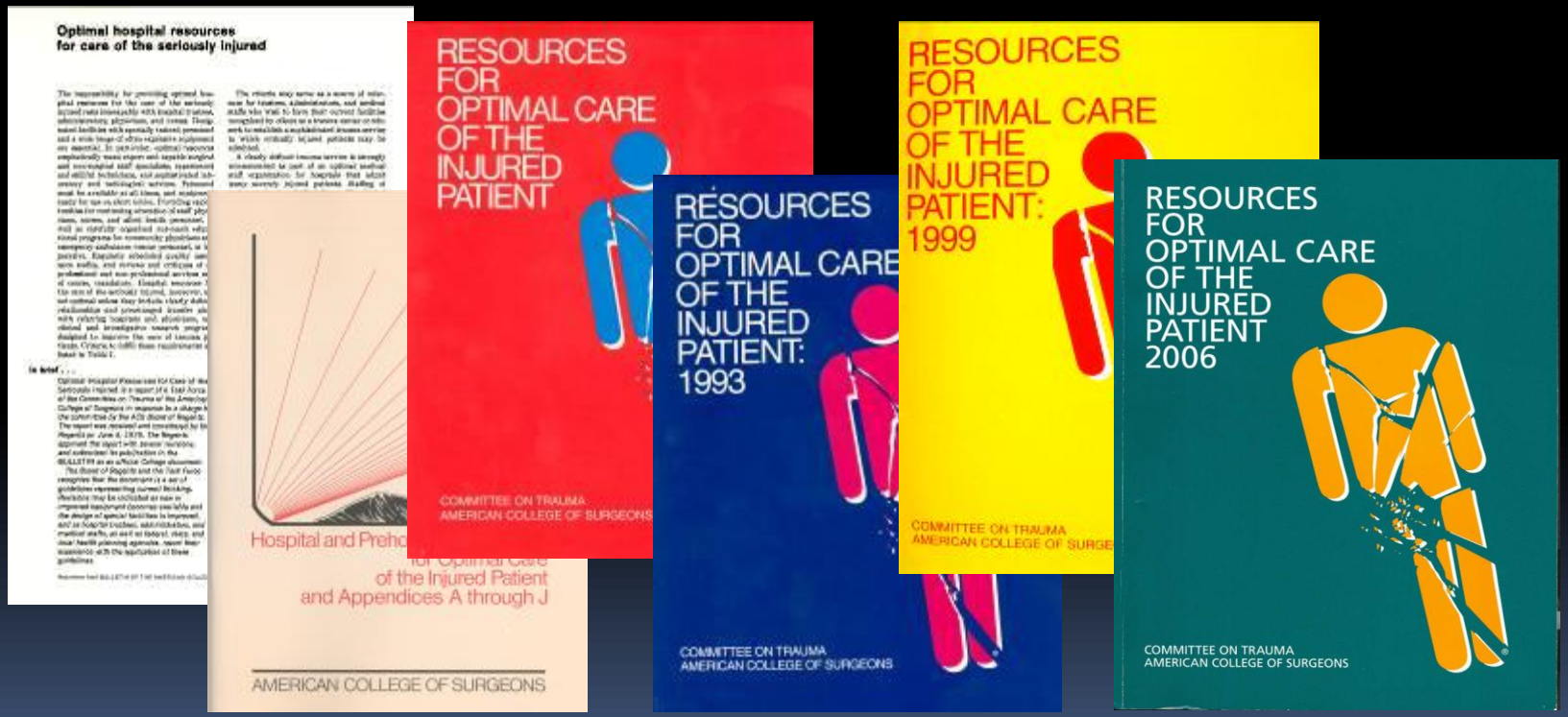
Developing Level 4 & 5 Trauma Center Criteria

- How?
  - The VRC & Systems committees have requested Level 4 & 5 criteria from all states known to support these levels
  - These are being tabulated
  - The 'most common' and 'most important' criteria will be identified
  - A system to evaluate them will be developed

Developing Level 4 & 5 Trauma Center Criteria

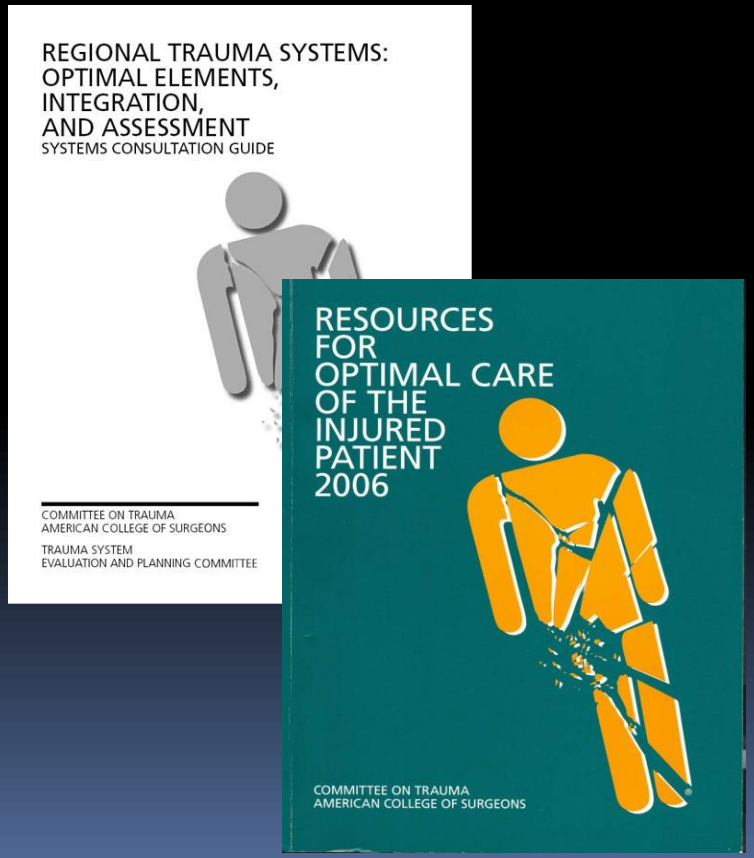
- When?
  - A draft will be vetted at the Clinical Congress in October 2010
  - There will be 1-2 rounds of public comment
  - The resulting criteria could be released by mid 2011

Resources for Optimal Care of the Injured Patient



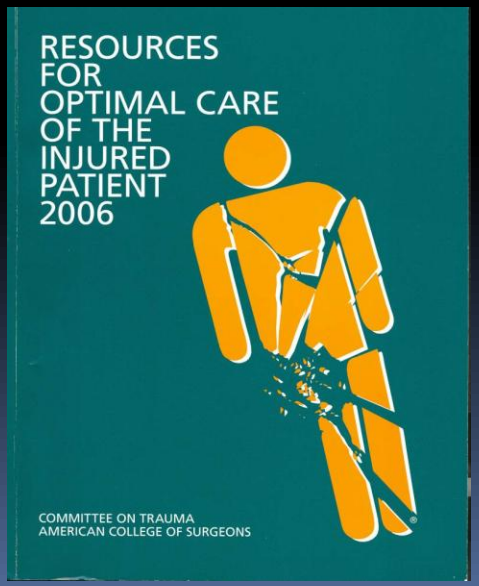
Updating the Green Book

- Why?
  - It is already 5 years old
  - The 'Green Book" and the Systems document need to dovetail
  - The VRC is undergoing a re-engineering project



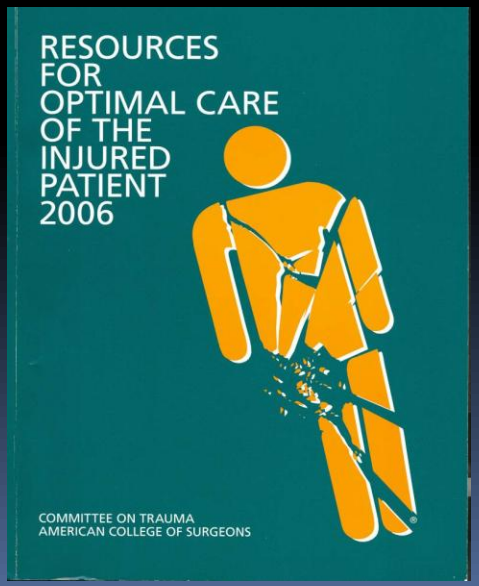
Updating the Green Book

- How?
  - A strategic planning committee has been formed to design the process
  - A multidisciplinary & evidence base approach will be used
  - R. Stephen Smith, MD, FACS will work group



Updating the Green Book

- How?
  - A website will be created to receive & catalog requests for changes
  - Evidence must be submitted
  - Levels of evidence assigned
  - Chapter authors create a draft
  - Multidisciplinary review
  - Public comment
  - Publication



Understanding the Patient Safety Framework - Surveillance

- **Surveillance Strategies**
  - **Sentinel Events** - rare event where there are system failures such as wrong medication dosage for geriatric patient, wrong blood products, wrong sized device for pediatric patient, etc.
  - **Trigger events** - pre-defined events where specific chart reviews including sampling are conducted such as readmission to ED, oversedation, use of Narcan, average defibrillation time, etc.
  - **Rate events -** includes a numerator and denominator, i.e., CLABSIs – Central Line Associated Blood Stream Infections where numerator = number of events divided by number of central line days in ICU.

Patient Safety Framework

- Risk vs severity
- Weight as to impact
- Focus on increased impact/severity
- Opportunities for improvement
- Improvement strategies
- Data-driven to counter anecdotal experience "only as good as our last bad experience"

Understanding the Patient Safety Framework

- Improvement Strategies
  - **Risk reduction** - Falls
  - **Standardization** – Colors of wrist band
  - **Safeguards** – Sensors in vehicles for backing up
  - **Safety check lists** – Surgical/Aviation check lists
  - **Force functions** – Foot on brake before car will engage
  - **Communication protocols** – structured processes – Read back for orders
  - **Simulations** – hands on practice not just "education and training"
  - T**echnologies** – Auto alerts, GPS/cell phones, Side air bags, car crumpling, etc.

Western States

- Regional PI benchmarks so we can compare MT to other states
- Use PM study conclusions as “Golden Few” priorities
- Even worst outcomes have opportunities for improvement